

## Trustee's Final Report

Case Number: 03-76377

In Re: STEVEN N. DOLE  
2307 EVANSTON DRIVE  
ROCKFORD, IL 61108

SSN-xxx-xx-0696

Case filed on:  
12/11/2003  
Plan Confirmed on:  
3/26/2004

P Discharged Paid Out

Total funds received and disbursed pursuant to the plan: \$12,675.00 Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
772	CLERK OF U.S. BANKRUPTCY COURT Total Administration	164.00 164.00	164.00 164.00	164.00 164.00	0.00 0.00
000	BALSLEY & DAHLBERG LLP Total Legal	1,200.00 1,200.00	1,200.00 1,200.00	1,200.00 1,200.00	0.00 0.00
033	ILLINOIS DEPARTMENT OF REVENUE Total Priority	530.00 530.00	530.00 530.00	530.00 530.00	0.00 0.00
999	STEVEN N. DOLE Total Debtor Refund	0.00 0.00	0.00 0.00	210.00 210.00	0.00 0.00
001	NATIONAL CITY MORTGAGE COMPANY Total Secured	7,322.25 7,322.25	7,322.25 7,322.25	7,322.25 7,322.25	0.00 0.00
002	A M MILLER AND ASSOCIATES	0.00	0.00	0.00	0.00
003	ALLIED BUSINESS ACCOUNTS INC.	0.00	0.00	0.00	0.00
004	CENTRAL CREDIT CONTROL	0.00	0.00	0.00	0.00
005	COMED CO	0.00	0.00	0.00	0.00
006	CREDITORS PROTECTION SERVICE, INC	0.00	0.00	0.00	0.00
007	GC SERVICES	0.00	0.00	0.00	0.00
008	MUTUAL MANAGEMENT SERVICES	2,724.60	2,724.60	1,009.76	0.00
009	INSIGHT COMMUNICATIONS	0.00	0.00	0.00	0.00
010	JOSEPH FANARA DPM	0.00	0.00	0.00	0.00
011	K.C.A. FINANCIAL	0.00	0.00	0.00	0.00
012	LUNDHOLM SURGICAL GROUP	0.00	0.00	0.00	0.00
013	MUTUTAL MANAGEMENT SERVICES	0.00	0.00	0.00	0.00
014	NATIONAL ACCOUNT SYSTEMS OF MADISON	0.00	0.00	0.00	0.00
015	NATIONAL CREDITORS BUREAU	0.00	0.00	0.00	0.00
016	NCO FINANCIAL SYSTEMS INC.	0.00	0.00	0.00	0.00
017	NICOR GAS	471.07	471.07	174.58	0.00
018	NORTH SHORE AGENCY	0.00	0.00	0.00	0.00
019	PRM FINANCIAL SERVICES INC.	0.00	0.00	0.00	0.00
020	RADIOLOGY CONSULTANTS	0.00	0.00	0.00	0.00
021	RMH EMERGENCY DEPARTMENT	0.00	0.00	0.00	0.00
022	ROCKFORD HEALTH SYSTEMS	0.00	0.00	0.00	0.00
023	ROCKFORD HEALTH SYSTEMS/	951.61	951.61	352.67	0.00
024	ROCKFORD MERCANTILE AGENCY INC	0.00	0.00	0.00	0.00
025	ROCKFORD MERCANTILE AGENCY	0.00	0.00	0.00	0.00
026	ROCKFORD PHYSICAL THERAPY	0.00	0.00	0.00	0.00
027	ROCKFORD RADIOLOGY ASSOCIATES	0.00	0.00	0.00	0.00
028	SBC / AMERITECH	0.00	0.00	0.00	0.00
029	ST ANTHONY MEDICAL CENTER	0.00	0.00	0.00	0.00
030	SWEDISH AMERICAN MEDICAL GROUP	0.00	0.00	0.00	0.00
031	WINNEBAGO COUNTY CIRCUIT CLERK	2,410.00	2,410.00	893.17	0.00
032	WINSTON & MORRONE	0.00	0.00	0.00	0.00
	Total Unsecured	6,557.28	6,557.28	2,430.18	0.00
	Grand Total:	15,773.53	15,773.53	11,856.43	0.00

Total Paid Claimant: \$11,856.43  
Trustee Allowance: \$818.57  
Percent Paid Unsecured: 37.06

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
Lydia S. Meyer, Trustee

**United States Bankruptcy Court**

of the

**Northern District Of Illinois**

**Western Division**

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 03/26/2008

By /s/Heather M. Fagan